

REMARKS

Claims 1-3, 5, 6, 8-11, 13-19, 21-33, 35-53 are pending. By this Amendment, claims 4 and 20 are canceled, claims 1, 13, 14, 17-19, and 21-26 are amended, and claims 44-53 are added.

Support for the new claims is found, for example, in the figures and original specification. Fig. 1 shows the elements of the health care system, with Fig. 2 showing the basic operation of the health care system. Fig. 3 shows one method of facilitating selection of the health care provider, and Fig. 4 shows one method of administering a health care account (see in particular pages 11-15.) No new matter has been added.

Prior Art Rejection of Claims 1 and 13 and Dependent Claims

In the Office Action, claims 1, 4-6, 8-11, 13, 18, and 20-22 are rejected under 35 U.S.C. §103(a) as being unpatentable over U.S. Patent 6,044,352 to Deavers (Deavers) in view of U.S. Patent 6,108,641 to Kenna et al. (Kenna). The Office Action asserts that Deavers teaches of a method of managing health care resources relating to managing a health savings account with certain deficiencies relating to the claims at issue highlighted on page 4. Kenna is cited as teaching of investing a taxable section of a health savings account and setting certain preferences for allocation of resources. The Office Action argues that it would have been obvious to modify Deavers' method in view of Kenna in order to implement a medical savings account with fluid interaction and timely exchange of electronic information.

Deavers is directed to a method and system for processing data and monitoring funds for participants and insurance companies. The method includes identifying and storing insurance policy data, mutual fund transaction data, participant data, insurance broker and agent data, and changes in the data as it occurs and issuing various reports for accounting and tax purposes.

Kenna is directed to a method of implementing a medical savings account (MSA) in which many of the steps are automated. As stated in col. 3, lines 19-27, the concept includes: real-time transactions handling; paperless claims administration; provision for automatic conversion between employer-sponsored and individual subscriber MSAs; exchange of timely electronic information from the point of sale to both insurer and financial service institution; automatic deposit and investment of funds; and client modification of account parameters.

Claim 1

In distinction, the invention of this application relates to facilitating selection of health care providers and also managing an online health account. The method of claim 1 is directed to managing health care resources for a health care consumer, not merely arranging a financial transaction. The method comprises: providing a communications interface with a network to enable communication between a health care consumer, a health care provider, and a payment manager; maintaining data on one or more health care consumers and health care products and services; coordinating allocation of resources for health care products and services provided to a health care consumer; and offering one or more services databases to the health care consumer, including providing a search function to search and generate results from the services databases.

In claim 1, maintaining the data includes allowing the health care consumers to open a health savings account, comprising a nontaxable section and a taxable section, wherein the taxable section of the health savings account is placed in an investment vehicle.

In claim 1, coordinating allocation of resources includes various steps relating to enabling the health care consumer to control the resources. The health care consumer is able to insert resources into the nontaxable section of the health savings account before the health care consumer is obligated to pay tax on the resources and to insert resources into the taxable section of the health savings account, such that resources inserted into the taxable section are taxed. The health care consumer is able to withdraw resources from the taxable section at will and specify a maximum expenditure limit on the health savings account, the maximum expenditure limit indicating a restriction on deductions from the health savings account over a time period. The health care consumer can access setting preferences for the health savings account that determine the manner in which the resources are withdrawn from the taxable section and the nontaxable section of the health savings account, the setting preferences affecting the transition of withdrawals between the taxable section and the nontaxable section. The health care consumer is able to access the health savings account to reimburse a health care provider using the setting preferences to allocate resources, monitor an actual expenditure by the health care consumer to determine if the maximum expenditure limit has been deducted from the health savings account over the time period, and assess the health care consumer for a percentage of health care costs exceeding the maximum expenditure limit to reimburse a health care provider.

Deavers is merely directed to processing and recording transactions in a medical savings fund account. Deavers is not directed to a method of managing health care resources. In Deavers, access is limited to plan participants and insurance carriers. There is no communications interface with a network to enable communication between a health care consumer, a health care provider and a payment manager. Deavers stores data particular to the plan participants. There is no maintenance of data on health care products and services. There is no mechanism for offering one or more services databases to a health care consumer, and no search function to search and generate results from a services database.

Kenna only teaches of a nested account having a medical savings subaccount. Kenna does not maintain data on health care products and services and does not offer one or more services databases to a health care consumer. There is no search function to search and generate results from a services database. As such, Kenna does not remedy the deficiencies of Deavers.

The Office Action addresses the feature relating to services databases by referring to Deavers col. 5, which only refers to document verification for a client change of address, and col. 8, which only refers to a sweep of a data base to determine if sufficient funds are present. This does not relate to maintaining data on health care consumers and health care products and services or to offering services databases to a health care consumer including providing a search function to search and generate results from the services databases. As this feature is explained in the specification, for example, on page 11, line 22 through page 12, line 8, operating a services database facilitates selection of a health care provider and enables a health care consumer to identify health care opportunities in accordance with preferences and priorities designated by the health care consumer. Deavers merely processes and records transactions related to medical expenses. Kenna only teaches of nesting a medical savings account within a financial system. Handling the monetary transactions is only one small part of the claimed invention. No motivation for providing a method of managing health care resources that includes providing the communications interface, maintaining data on health care consumers and health care products and services, offering services databases to the health care consumer along with coordinating allocation of resources is present in the prior art. As such, a proper case of prima facie obviousness has not been made. As the applied prior art does not disclose or even suggest of all of the claimed method steps, claim 1 is not rendered obvious by Deavers and Kenna. Claim 1 is allowable.

The claims that depend from 1 are allowable for at least the above reasons and for the additional features recited therein. It is noted that claim 43 was not listed in a rejection but was referenced under the rejection of claim 1. Clarification of the status of claim 43 is requested.

Claim 13

The invention recited in claim 13 is an online health account for providing a primary point of access to a healthcare system, comprising a services database for enabling a health care consumer to identify a health care opportunity relating to a prospect of receiving health care from a health care provider, a health savings account for a health care consumer, an allocation device in communication with the health saving account, a limiting device in communication with the health savings account, and an online controller coupled to the services database, the allocation device and limiting device with an interface for communication with the health care consumer.

In claim 13, the health savings account comprises a taxable section structured and arranged to reimburse a health care provider for provided health care, wherein the taxable section of the health savings account is placed in an investment vehicle, and a nontaxable section structured and arranged to reimburse the health care provider for provided health care.

In claim 13, the allocation device is structured and arranged to enable the health care consumer to open the health savings account, access setting preferences for the health savings account that determine the manner in which the resources are withdrawn from the taxable section and the nontaxable section of the health savings account, the setting preferences affecting the transition of withdrawals between the taxable section and the nontaxable section, and enable the health care consumer to access the health savings account to reimburse a health care provider using the setting preferences to allocate resources.

In claim 13, the limiting device is structured and arranged to specify a maximum expenditure limit on the health savings account, the maximum expenditure limit indicating a restriction on deductions from the health savings account over a time period, monitor an actual expenditure by the health care consumer to determine if the maximum expenditure limit has been deducted from the health savings account over the time period, and assess the health care consumer for a percentage of health care costs exceeding the maximum expenditure limit to reimburse a health care provider.

Neither Deavers nor Kenna provides a services database for enabling a health care consumer to identify a health care opportunity relating to a prospect of receiving health care from a health care provider along with a health savings account. Moreover, neither has an online controller coupled to a services database, an allocation device, and a limiting device with an interface for communication with a health care consumer. Nothing in the applied prior art provides a suggestion to modify Deavers or Kenna to add all of the features to meet claim 13. Accordingly, a prima facie case of obviousness has not been made against claim 13. Claim 13 is allowable.

The claims that depend from claim 13 are allowable for at least the above reasons and for the additional features recited therein.

Dependent Claims 2, 3, 14-17, 19, 23-25

Dependent claims 2, 3, 14-17, and 19 are rejected as being unpatentable over the references applied above and further in view of U.S. Patent 4,858,121 to Barber et al. (Barber). Barber is cited as teaching of the steps of enabling a consumer to direct reimbursements and display transaction information. The Office Action asserts that it would have been obvious to modify the methods of Deavers and Kenna in view of Barber to reduce delays between services and payment.

Barber is directed to a medical payment system allowing a computerized financial transaction for use in a physician's office. A terminal located in a physician's office is connected to a central processing system so that the following information can be entered: patient identification, medical service identification, physician identification, and insurance carrier identification. By this, medical claims are electronically conveyed from the physician to the insurance carrier and funds are directly transferred. Barber does not remedy the deficiencies of Deavers and Kenna noted above with respect to claim 1. As such, claim 2, 3, 14-17, and 19 are not rendered obvious and are allowable.

Dependent claims 23-25 are rejected as being unpatentable over the references applied above and further in view of U.S. Patent Application Publication No. 2002/0065758 to Henley (Henley). Henley is cited as teaching of a services database that includes a quality assessment tool and a directory of health care providers. The Office Action asserts that it would have been obvious to modify the account of Deavers and Kenna as taught by Henley to improve medical services provided to patients and buyers of medical services.

Henley is an auction system that allows a prospective patient to bid on a professional service and negotiate a fee. The service maintains a database of registered service providers and bidder and provides for feedback and comments. Henley does not remedy the deficiencies of Deavers and Kenna noted above with respect to claim 13. Moreover, there is no suggestion in the prior art that it would have been obvious to combine Henley's teaching of auctioning medical services with Deavers management of medical payments and Kenna's nested medical savings accounts. Henley's auctioning system sets up a prospective medical patient with a provider and does not deal with the subsequent payment transaction. As such, claims 23-25 are not obvious and are allowable.

Prior Art Rejection of Claim 26 and Dependent Claims

Claims 26, 27, 29, 31-33, and 35-42 are rejected under 35 U.S.C. §103(a) as being unpatentable over Barber, Deavers, and Kenna. The Office Action states that Barber teaches of a health care system with first and second hosts as claimed but does not specifically disclose an online account with a health savings account. Deavers is cited as teaching of a health savings account. It is asserted that it would have been obvious to modify Barber's system in view of Deavers and Kenna in order to implement an MSA by enabling fluid interaction and timely electronic information exchange.

Claim 26 is directed to a health care system comprising a first host structured and arranged to facilitate selection of a health care provider and a second host in communication with the first host and structured and arranged to manage an online health account comprising a health savings account. An allocation device and a limiting device are provided in communication with the online health account. The allocation device is structured and arranged to enable the health care consumer to open the health savings account, access setting preferences for the health savings account that determine the manner in which the resources are withdrawn from the taxable section and the nontaxable section of the health savings account, the setting preferences affecting the transition of withdrawals between the taxable section and the nontaxable section, and enable the health care consumer to access the health savings account to reimburse a health care provider using the setting preferences to allocate resources. The limiting device is structured and arranged to specify a maximum expenditure limit on the health savings account, the maximum expenditure limit indicating a restriction on deductions from the health savings account over a time period, monitor an actual expenditure by the health care consumer to determine if the maximum expenditure limit has been

deducted from the health savings account over the time period, and assess the health care consumer for a percentage of health care costs exceeding the maximum expenditure limit to reimburse a health care provider.

As explained above, Barber is directed to a medical payment system allowing a computerized financial transaction for use in a physician's office. A terminal located in a physician's office is connected to a central processing system so that the following information can be entered: patient identification, medical service identification, physician identification, and insurance carrier identification. By this, medical claims are electronically conveyed from the physician to the insurance carrier and funds are directly transferred.

First, Barber does not disclose a first host structured and arranged to facilitate selection of a health care provider. Barber's system is installed in physician's office and hence actually provides no ability to select a provider since the provider implements the system. The Office Action erroneously points to col. 8 describing a verification process in which patient information is transferred to the central processing system in support of this feature. Second, Barber does not disclose a second host structured and arranged to manage an online health account comprising a health savings account comprising a taxable and nontaxable section. The Office Action erroneously points to col. 3 describing an electronic transfer of funds from an insurance company. Neither of these claim features are disclosed or even suggested by Barber. Further, neither Deavers nor Kenna discloses a first host structured and arranged to facilitate selection of a health care provider and a second host in communication with the first host structured and arranged to manage an online health account including a health savings account. Accordingly, as the claim features appear in none of the applied references, claim 26 is not rendered obvious and is allowable.

Dependent claims 28 and 30 are rejected as being unpatentable over the references applied above and further in view of Henley. Henley does not remedy the deficiencies of Barber, Deavers and Kenna noted above with respect to claim 26. Claims 28 and 30 are not rendered obvious and are allowable.

New Claims

New claim 44 depends from claim 1 and adds the feature of verifying identification and transaction information. This combination of features is not disclosed in the prior art. Claim 44 is allowable.

New independent claim 45 is directed to an online health care management system that provides a primary point of access for a health care consumer. The system comprises an interface that establishes a communication link to a network to connect a health care consumer and a health care provider. A health care manager is linked to the interface and includes at least one services database accessible to the health care consumer relating to health care providers, including a search tool and result generator for searching the services database using parameters selected by the health care consumer and generating results based on the search to assist the health care consumer in selecting health care providers. A cost manager is linked to the interface to process transaction parameters related to health care providers. The cost manager includes an expenditure coordinator to determine health care expenditures based on transaction parameters transmitted by the interface and a resource allocator to allocate funds for payment of health care expenditures. None of the applied prior art references disclose such a system. At most, the prior art relates to managing a medical savings account. None relate to a health care management system with the combination of features as claimed. Claim 45 is allowable.

Dependent claims 46-53 are allowable for at least the reasons relating to claim 45 and for the additional features recited therein.

It is respectfully submitted that the claims are allowable and that the application is in condition for allowance. A prompt notice to that effect is respectfully requested. Should further issues require resolution prior to allowance, the Examiner is requested to telephone the undersigned.

Respectfully submitted,



Caroline D. Dennison
Reg. No. 34,494
Tel. No.: 703-584-3267

Customer No. 25570
Roberts Mlotkowski & Hobbes, P.C.
P.O. Box 10064
McLean, VA 22102
Main Tel.: 703-584-3270
Facsimile: 703-848-2981